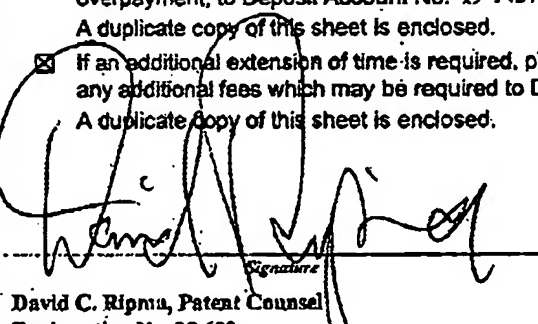


4 Fee only

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity)			Docket No. SI.A0746
In Re Application Of: Sheng Teng Hsu and Tingkai J.			
Serial No. 10/659,547	Filing Date 09/09/2003	Examiner Pamela E. Perkins	Group Art Unit 2822
Invention: Conductive Metal Oxide Gate Ferroelectric Memory Transistor			
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>May 20, 2004</u> above-identified application. <div style="text-align: center; font-size: small;">Date</div>			
The requested extension is as follows (check time period desired): <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> One month <input checked="" type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months </div>			
from: <u>August 20, 2004</u> until: <u>October 20, 2004</u> <div style="display: flex; justify-content: space-around; font-size: x-small;"> Date Date </div>			
The fee for the extension of time is \$430 and is to be paid as follows: <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 19-1457 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 19-1457 A duplicate copy of this sheet is enclosed.			
 _____ Signature		Dated: October 20, 2004	
David C. Ripma, Patent Counsel Registration No. 27,672 Sharp Laboratories of America, Inc. 5750 NW Pacific Rim Boulevard Camas, WA 98607 Phone: 360-834-8754 Facsimile: 360-817-8505		I certify that this document and fee is being deposited on FAXED with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence	
cc:			

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10/659,547

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	* 0
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	750

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 20 Minus	** 20	=
Independent	* 3 Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1,513

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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